Transmittal #91-25

Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

ATTACHMENT 2.2-A Page 13a

State: OREGON

OMB NO.: 0938-

Agency* Citation(s)

Groups Covered

- B. Optional Groups Other Than the Medically Needy (Continued)
 - X (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of 21). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
 - (6) Other defined groups (and ages), as specified in Supplement 1 of <u>ATTACHMENT 2.2-A</u>.

TN No. 9/-25
Supersedes Approval Date 1/23/92
TN No. ____

Effective Date 11/1/9/

Transmittal #91-25
ATTACHMENT 2.2-A
Page 14

P

OMB NO.: 0938-

Revision: HCFA-PM-91-4
AUGUST 1991

State: OREGON

<u>/X7</u>

(BPD)

Agency* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)(10) (A)(ii)(VIII) of the Act

- 8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement-
 - a. Was eligible for Medicaid under the State's approved Medicaid plan; or
 - b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--

__ 21 20

__ 19

 \overline{X} 18

TN No. 9/-25
Supersedes Approval Date 1/23/92
TN No. 86-4/

Effective Date 1//1/9/

Transmittal #91-25 Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 14a OMB No.: 0938-OREGON State: _ Agency* Citation (s) Groups Covered B. Optional Groups Other Than the Medically Needy (Continued) 9. Individuals described below who would be eligible 42 CFR 435.223 /_/ for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A: 1902(a)(10) Individuals under the age of--(A)(ii) and 1905(a) of _21 20 the Act 19 _18 Caretaker relatives Pregnant women

TN No. 9/-28
Supersedes Approval Date 1/23/52 Effective Date 1/1/9/

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	Transmittal #91-25 ATTACHMENT 2.2-A Page 15 OMB NO.: 0938-
	State:	OREGON	
Agency*	Citation(s)		Groups Covered
	В.	Optional (Continue	Groups Other Than the Medically Needy ed)
42 CF	R 435.230/		ates using SSI criteria with agreements under ctions 1616 and 1634 of the Act.
		on. pay su	e following groups of individuals who receive ly a State supplementary payment (but no SSI yment) under an approved optional State pplementary payment program that meets the llowing conditions. The supplement is
		a.	Based on need and paid in cash on a regular basis.
		b.	Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
		c.	Available to all individuals in the State.
		d.	Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.
			(1) All aged individuals.
			(2) All blind individuals.
			(3) All disabled individuals.
TN No. Supersede	11-25 Approx	val Date _	1/23/92 Effective Date ///1/9/

Transmittal #91-25

ATTACHMENT 2.2-A Revision: HCFA-PM-91-4 (BPD) Page 16 AUGUST 1991 OMB NO.: 0938-OREGON State: Groups Covered Agency* Citation(s) B. Optional Groups Other Than the Medically Needy (Continued) Aged individuals in domiciliary (4) facilities or other group living arrangements as defined under SSI. Blind individuals in domiciliary 42 CFR 435.230 (5) facilities or other group living arrangements as defined under SSI. Disabled individuals in domiciliary (6) facilities or other group living arrangements as defined under SSI. Individuals receiving a Federally (7) administered optional State supplement that meets the conditions specified in 42 CFR 435.230. (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in

TN No. 1/23/92 Effective Date 1///9/ Approval Date Supersede TN No.

(9)

42 CFR 435.230.

Individuals in additional

Secretary as follows:

classifications approved by the

	State:		OREGON					.: 0938	_
Agency*	Citation(s)	Groups Covered						
		В.	Option (Cont	nal Gro inued)	oups Oth	er Than	the Medic	ally Nee	dy
			The subdiv	uppleme visions	ent vari s accord	es in in ing to c	come stan	dard by ving dif	political ferences.
			_	Yes.					
			_	No.					
				nts are			State sup lement 6		
TN No. Supersed TN No.	9/-25	Approv	al Dat	e _//ē	13/92		Effectiv	e Date	11/1/91

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

Transmittal #91-25

ATTACHMENT 2.2-A Page 16a OMB NO.: 0938-

Transmittal #91-25 ATTACHMENT 2.2-A

Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

Page 17 OMB NO.: 0938-

OREGON State:

Agency* Citation(s) Groups Covered

Optional Groups Other Than the Medically Needy (Continued)

435,230 42 CFR 435.120 435.121 1902(a)(10) (A)(ii)(XI) of the Act

 $\sqrt{X}X$ 11. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

> The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:

Χ All aged individuals. (1)

__X_ All blind individuals. (2)

Χ All disabled individuals. (3)

TN No. 91-25		1 1	
Supersedes 7-20	Approval Date	1/23/92	Effective Date 11/1/9/
TN No		/ - /	HCF1 ID: 7983F

Transmittal =91-25 Revision: HCFA-PM-91-4 ATTACHMENT 2.2-A (BPD) Page 18 AUGUST 1991 OMB NO.: 0938-OREGON State: ___ Groups Covered Agency* Citation(s) Optional Groups Other Than the Medically Needy (Continued) Χ Aged individuals in domiciliary (4)facilities or other group living arrangements as defined under SSI. Blind individuals in domiciliary (5) facilities or other group living arrangements as defined under SSI. Χ (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI. Individuals receiving federally (7) administered optional State supplement that meets the conditions specified in 42 CFR 435.230. Individuals receiving a State administered optional State supplement _X_ (8) that meets the conditions specified in 42 CFR 435.230. Individuals in additional (9) classifications approved by the Secretary as follows:

TN No. 9/-25
Supersedes
TN No. 9/-/7
Approval Date 1/23/92

Effective Date 11/1/9/

B. Optional Groups Other Than the Medically Needy (Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes

X
No

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

(BPD)

OREGON

Revision: HCFA-PM-91-4

AUGUST 1991

State:

Transmittal =91-25

ATTACHMENT 2.2-A

/ Page 18a OMB NO.: 0938-

TN No. 9/-25
Supersedes Approval Date 1/23/92 Effective Date 1//191
TN No. HCFA ID: 7983E

Transmittal #91-25

Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

ATTACHMENT 2.2-A

Page 19

OMB No.: 0938-

OREGON State: __ Groups Covered Agency* Citation(s) Optional Groups Other Than the Medically Needy (Continued) Individuals who are in institutions for at 42 CFR 435.231 /X/ least 30 consecutive days and who are 1902(a)(10) eligible under a special income level. (A)(ii)(V)Eligibility begins on the first day of the 30-day period. These individuals of the Act meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A. The State covers all individuals as described above. XX The State covers only the following group or groups of individuals: 1902(a)(10)(A) Aged (ii) and 1905(a) Blind of the Act Disabled Individuals under the age of--_ 21 20 _ 19 18 Caretaker relatives Prequant women

TN No. Supersedes TN No.

Approval Date

Effective Date 11/1/9/

HCFA ID:

7983E